

MEDICAID SERVICES MANUAL UPDATE

MAY 2015 – OCTOBER 2015

MSM Chapter 100 (Medicaid Program):

Revisions were made to increase the timeframe a facility has to initiate the authorization review process for recipients still in a facility when eligibility is determined to allow ten business days instead of the current five days. Effective date of changes: July 1, 2015

Revisions were made to update policy with the current International Classification of Diseases (ICD)-10 CM verbiage. Effective date of changes: October 1, 2015.

MSM Chapter 200 (Hospital Services):

Revisions to specify that providers must ensure a valid sterilization consent form meeting all federal requirements is obtained prior to performing a sterilization procedure, deny coverage of the one inpatient day during which sterilization is performed without a valid sterilization consent form, cover medically necessary inpatient days within the same episode of care that are not the day the sterilization procedure was performed without a valid prior authorization, and define the term, episode of care. A revision was also made to clarify coverage of non-emergency services provided in an emergency room. Effective date of changes: September 4, 2015.

MSM Chapter 400 (Mental Health and Alcohol and Substance Abuse Services):

Proposed revisions to update policy by removing references to the Diagnostic Statistical Manual (DSM), Diagnostic Criteria for ages zero to three (DC:0-3) and adding International Classification of Diseases (ICD)-10 CM verbiage throughout the chapter and to clarify the provider's responsibility when submitting a concurrent inpatient review to obtain authorization by Nevada Medicaid's Quality Improvement Organization (QIO)-like vendor. Effective date of changes: October 1, 2015.

MSM Chapter 600 (Physician Services):

Revisions to remove Attachments B, C, D, E, F, G and H from MSM Chapter 600. These attachments are medical consent, acknowledgment and certification statement forms. They do not contain any policy information. These forms are being relocated to the DHCFP website at <http://www.dhcfp.nv.gov> under forms and the HP Enterprise Services (HPES) provider portal at <http://www.medicaid.nv.gov/providers/forms/forms.aspx>. Any references made to these forms within the chapter have been updated to direct providers to the correct internet sites. Effective date of changes: June 12, 2015.

Revisions were made to include reference to MSM Chapter 400 for integrated interventions as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). The DHCFP added clarification to the coverage guidelines regarding teaching physicians. Clarification has been added to Out-of-State Physicians regarding prior authorizations and reference to the out-of-state transportation policy. Clarification has been added regarding reimbursement for Long Acting Reversible Contraception (LARC) insertion immediately following delivery, and for elective cesarean section births that are not prior-authorized. We are aligning Hyperbaric Oxygen Therapy (HBOT) for diabetic wounds with the current

recommendations of the Centers for Medicare and Medicaid Services (CMS). We are adding the American Association of Diabetic Educators (AADE) as a certifying program for diabetic outpatient self-management programs. Preeclampsia prevention in pregnant women has been added as a covered service in accordance with the United States Preventive Services Task Force (USPSTF) recommendations. The DHCFP has updated policy that depression screenings in children can be billed separately on the same day of a well child visit. Finally, the DHCFP updated policy for medically necessary circumcisions. Renumbering and re-arranging of sections was necessary. Effective date of changes: October 1, 2015.

MSM Chapter 1000 (Dental):

Revisions were made to clarify coverage and limitations regarding initial services such as examinations, x-rays, and diagnostic photographs. The policy language was modified to clarify “pre-orthodontic treatment visits” to be in accordance with Current Dental Terminology (CDT) procedure coding. Dental services provide diagnostic, preventive, and medically necessary dental services for Medicaid and Nevada Check Up recipients. Effective date of changes: August 1, 2015.

MSM Chapter 1100 (Ocular Services):

Revisions were made to clarify and eliminate duplicative language, and remove reference to the International Classification of Diseases and Related Health Problems (ICD)-9 codes. Effective date of changes: October 1, 2015.

MSM Chapter 1200 (Prescribed Drugs):

Revisions and new prior authorization criteria were approved by the DUR Board on January 22, 2015. Prior authorization criteria were revised for Olysio® (simeprevir), Thrombin Inhibitors (Eliquis®, apixaban; Pradaxa®, dabigatran etexilate; Xarelto®, rivaroxaban), immunomodulator drugs (Entyvio®, vedolizumab), transdermal Fentanyl, and Sovaldi® (sofosbuvir). New prior authorization criteria was established for Harvoni® (ledipasvir-sofosbuvir), and Xartemis® XR (oxycodone and acetaminophen). Effective date of changes: July 1, 2015.

Revisions and new prior authorization criteria were approved by the DUR Board on April 23, 2015. Prior authorization criteria were revised for Xolair® (omalizumab). New prior authorization criteria was established for Viekira Pak® (dasabuvir-ombitasvir-paritaprevir-ritonavir), Vivitrol® (naltrexone), Xyrem® (sodium oxybate), Vimovo® (naproxen/esomeprazole), and Rayos® (prednisone delayed release). Quantity limitations were revised for Zohydro® (hydrocodone). Effective date of changes: October 1, 2015.

Proposed revisions were made to comply with the Health Insurance Portability and Accountability Act (HIPAA) mandate to transition claims processing from ICD-9 (International Classification of Diseases) to ICD-10. Verbiage “ICD code” was approved by the DUR Board as a transition to ICD-10 diagnosis coding. Effective date of changes: October 1, 2015.

MSM Chapter 1300 (DME Disposable Supplies and Supplements):

Revisions were made to update timeframes for Continuous Positive Airway Pressure (CPAP) device and Bi-level Positive Airway Pressure device (Bi-PAP) that were changed to match Medicare’s timeframes and expanded sleep study requirements to include titrate and diagnostic.

Definition added for misuse and specific items were added to reflect which are non-covered by Nevada Medicaid. Effective date of changes: July 1, 2015.

Revisions were made to change reference to the International Classification of Diseases (ICD) and Related Health Problems, and ICD-9 diagnosis codes to ICD-10 diagnosis coding updates. Effective date of changes: October 1, 2015.

MSM Chapter 1500 (Health Kids Program):

Revisions were made to add medical coverage policy for Applied Behavior Analysis (ABA) as an attachment. The revision is being made to meet a comprehensive array of preventive, diagnostic and treatment services as a mandatory benefit under the Medicaid program for categorically needy individuals under age 21, including children with Autism Spectrum Disorder (ASD). Effective date of changes: January 1, 2016.

MSM Chapter 1700 (Therapy):

Revisions were made to comply with the transition to International Classification of Disease 10th Revision, Clinical Modification (ICD 10-CM) as required by the Health Insurance Portability and Accountability Act (HIPAA) mandate. In order to be in compliance with this mandate, the Division of Health Care Financing and Policy (DHCFP) is proposing the removal of ICD 9-CM codes and adding verbiage regarding current diagnosis code(s). Effective date of changes: October 1, 2015.

MSM Chapter 2100 (Home and Community Based Waiver (HCBW) for Individuals with Intellectual Disabilities):

Revisions were made to bring this chapter in line with the current waiver renewal which was approved on January 10, 2014. Changes to this chapter include a name change throughout the entire chapter from Waiver for Persons with Mental Retardation and Related Conditions to Waiver for Individuals with Intellectual Disabilities and Related Conditions. In addition, changes were made throughout the chapter to change Intermediate Care Facilities for the Mentally Retarded (ICF/MR) to Individuals with Intellectual Disabilities (ICF/ID). These changes bring the State in line with Federal requirements on the correct terminology: Individuals with Intellectual Disabilities.

Many services were reworded and updated for clarity. The provider qualifications and recipients rights sections were streamlined and clarified. Outdated language was either removed or reworded for clarity.

In July of 2013, Mental Health and Developmental Services (MHDS) merged into Aging and Disability Services Division (ADSD). Throughout the chapter, references to MHDS were changed to ADSD. Effective date of changes: October 1, 2015.

MSM Chapter 2500 (Case Management):

Revisions were made to clarify that qualified providers may provide Targeted Case Management (TCM) services to the Target Group-Juvenile Probation Services (JPS) population statewide. This will be done in accordance with the Nevada State Plan section, Supplement 1 to Attachment 3.1-A. Effective date of changes: September 1, 2015.

Revisions were made to update policy with the removal of references to the Diagnostic Statistical Manual (DSM), Diagnostic Criteria for ages zero to three (DC:0-3) and adding International Classification of Diseases (ICD)-10 CM verbiage. Effective date of changes: October 1, 2015.

MSM Addendum

Revisions were made to update the following definitions: Emergency Care, Emergency Medical Condition, Hospital, Inpatient Hospital Services, and Inpatients. Effective date of changes: September 1, 2015.

Revisions were made to update policy with the removal of references to the Diagnostic Statistical Manual (DSM), Diagnostic Criteria for ages Zero to Three (DC:0-3), adding International Classification of Diseases (ICD)-10 CM verbiage and update the definition of Medical Emergency. Effective date of changes: October 1, 2015.